

~ **Prior Authorization Guidelines** ~

Services marked by a bullet in the columns to the left require prior authorization for the designated line of business. For Specific Codes Requiring PA, please go to:

https://www.bluecrossnc.com/sites/default/files/document/attachment/services/public/pdfs/bluemedicare/prior_approval/cpt_codes_2019.pdf

HMO PPO

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cosmetic Procedures (or those potentially cosmetic), such as but not limited to:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Abdominoplasty
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Blepharoplasty
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Breast Reduction
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dental Services
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Diagnostic Testing
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Neuropsychological Testing
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Psychological Evaluations for medical conditions
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Durable Medical Equipment (See Prosthetics listed separately below)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	All Rental Items
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Items > \$600.00 (Purchase)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DME Maintenance or Repair
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Home Health Services
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Inpatient Admissions
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Scheduled admissions, including acute hospital, acute to acute hospital transfers, rehabilitation facility, hospice and skilled nursing facility admissions.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NOTE: For urgent/emergency admits (including obstetric admits), prior authorization is NOT required. However, notification of urgent/emergency admits (including obstetric admits) within 24 hours or the first business day after the admission is required.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Investigational Procedures (or those potentially investigational) such as, but not limited to Codes 0042T-0542T
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nonparticipating Providers and Services
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pharmaceuticals (See formulary)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Prosthetics (Such as artificial limbs and components)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rehabilitation/Therapy
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cardiac Rehab: The Initial program of 36 sessions is covered without PA. Additional Cardiac Rehab requires PA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pulmonary Rehab: The Initial Program of 36 sessions is covered without PA. Additional Pulm. Rehab requires PA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speech Therapy
		Surgery
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Refractive Surgical Procedures (LASIK, PRK, etc.)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sacral Neurostimulators
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Spinal Neurostimulators
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Deep Brain Stimulators
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Neuromuscular Stimulators
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Penile Implants
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Vagal Nerve Stimulators for Epilepsy
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Surgical Treatment of Morbid Obesity
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Surgical Treatment of Sleep Apnea (UPPP, somnoplasty, uvulectomy, etc.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporomandibular Joint Surgery
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Transplants, Bone Marrow/Stem Cell and Organ
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Varicose Vein Treatment
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Vertebroplasty and Kyphoplasty, Percutaneous
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation (non-emergency)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Unlisted/Miscellaneous CPT and HCPCS Codes

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